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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD - CDOPE Effective October 1, 2001 00 ľ٥ **CLAIMS AS FILED - PART I OTHER THAN** SMALL ENTITY TYPE [ **SMALL ENTITY** (Column 2) OR (Column 1) **TOTAL CLAIMS** FEE RATE FEE RATE BASIC FEE BASIC FEE 370.00 740.00 NUMBER EXTRA FOR NUMBER FILED OR TOTAL CHARGEABLE CLAIMS X\$ 9= X\$18= minus 20= OR INDEPENDENT CLAIMS minus 3 = X84= X42= OR MULTIPLE DEPENDENT CLAIM PRESENT +280= +140= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 W OR TOTAL TOTAL OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY SMALL ENTITY OR (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE **PREVIOUSLY EXTRA AFTER** AMENDMENT FEE FEE PAID FOR AMENDMENT X\$18= X\$ 9= Total Minus OR Minus \*\*\* Independent X84= X42 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140 =OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT 0 TIONAL TIONAL RATE RATE **PREVIOUSLY EXTRA AFTER** MENDMENT FEE FEE AMENDMENT PAID FOR X\$18= Total Minus X\$ 9= OR Independent Minus \*\*\* X84= X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING **RATE** TIONAL RATE TIONAL **PREVIOUSLY EXTRA AFTER** NDMENT FEE FEE PAID FOR **AMENDMENT** Minus X\$18= Total X\$ 9= OR ш Minus = \*\*\* Independent X84= X42 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." TOTAL TOTAL ADDIT, FEE ADDIT. FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**Application or Docket Number**